UIA 1924 (Rev. 12-2003)



State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY



Authorized by MCL 421.1, et seq. Completion of this form may be required for benefit entitlement.

Unemployed Worker's Record of Work Search Making Record

Name:			Social Security Number:				
each week, ye may be penal	our claim may be audited and y lized and have to pay back the	contacted during each week you are clai you may be asked at any time to provide benefits as well as damages of double of ant Customer Relations toll-free 1-800-6	a detailed record of your work r four times the amount receive	search efforts. If y	you cannot pro	vide this infor	rmation, yo
DATE OF CONTACT	NAME OF EMPLOYER	EMPLOYER'S ADDRESS	NAME AND TITLE OF PERSON CONTACTED	METHOD OF CONTACT (in person, phone, resume, other)	TYPE OF WORK APPLIED FOR	WAS YOUR APPLICATION TAKEN? Yes or No	RESULT
<u>Sample:</u> July 11, 2000	ACME Tool Supply Co.	7040 Howard, Detroit 49222	Mr. John Doe, Personnel Mgr.	In Person	Toolmaker	Yes	Not Hiring
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